

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors

☒ Stage Stores, Inc., a Delaware corporation
☐ Specialty Retailers, Inc., a Texas corporation
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

*place an "x" beside the name of the Debtor you are filing a claim against

Case Number

00-35078-H2-11
 00-35079-H2-11
 00-35080-H2-11

Creditor ID#: 788-7015

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Bill'S Glass & Screen Repair

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

*****AUTO**3-DIGIT 786

Bill'S Glass & Screen Repair
 1003 S Industrial Blvd Ste B
 Round Rock TX 78681-2901

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court.

United States District Court
 Southern District of Texas
 JUL 5 2000
 Michael N. Milby, Clerk

Account or other number by which creditor identifies debtor:

Bealls c/o Stage Stores, Inc.

Check here if this claim replaces or amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)

Your SS#: _____

Unpaid compensation for services performed

from _____ to _____
 (date) (date)

2. Date debt was incurred: 10/20/99 + 12/01/99**3. If court judgment, date obtained:****4. Total Amount of Claim at Time Case Filed:** \$ 143.62

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____).

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

This Space Is for Court Use Only

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

06/29/00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Laura Bachmeyer, Laura Bachmeyer, Secretary of BGSR, Inc. dba
 Bill's Glass & Screen Repair

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



(512) 255-3598
FAX (512) 255-6105

Commercial & Residential Glass
Insulated Glass & Replacements
Aluminum & Fiberglass Screens
Replacement Windows
Glass Table Tops
Beveled Glass
Store Fronts

015522

Name Bea11s

Address Pfalsgraveville

Phone: 990-0511

SOLD BY	CASH	C O D	CHARGE	ON ACCT	MDSE RETD	PAID OUT	LAYAWAY
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	QUANTITY	DESCRIPTION	PRICE	AMOUNT
		Replace Broken Glasses		
1-	18 ⁹ / ₁₆ " X 70 clear 3/16"			38. ⁰⁰
		Labor		35. ⁰⁰
TAX				3. ¹⁴
TOTAL				76. ¹⁴

All claims and returned goods MUST be accompanied by this bill.

Received By _____

RECEIVED
DATE: ____ / ____ / ____
BY: _____



BILL'S GLASS & SCREEN

1003 South Industrial Suite B
ROUND ROCK, TX 78681
(512) 255-3598
FAX (512) 255-6105

- Commercial Glass
Residential Glass
• Inlaid Glass & Replacements
• Airtight Door & Screen Screens
• Replacement Windows
• Glass Table Tops
• Beveled Glass
• Store Fronts

Terms: Due 10 Days
From Completion Date.

013942

Customer's Order No. _____ Date 12-1 1999

Name Beall's

Address Pflugerville, TX

Phone: 990-0611

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT	MOSE	RETD	PAID OUT	LAYAWAY
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QUAN

DESCRIPTION

PRICE

AMOUNT

Replace Broken Shelf

1- 13 3/4 x 34 clear 1/2 glass

30.00

Labors

35.00

complete 12-1-99

625

2.48

Received By

TOTAL

67.48

All claims and returned goods MUST be accompanied by this bill.

Thank You

11/27/1999 16:14

TRADE NATIONALITE
Stage Stores Inc.
WORK ORDER

P.01 01

Work Order #: W000030468
Trade: Glass-Mirror/Maintenance

Date: 11/23/1999
Not To Exceed Amt: \$ 300.00
Responsible Contact:

Vendor		Send Invoice To	
Vendor ID: 0011681	Address: P O Box 32058	City: Houston	
Company: Bill's Glass & Screen	State: TX	Zip: 77235	
Address: 1005 S Industrial Blvd #11	Phone: (713) 218-4470	Priority: Medium	
City: Round Rock	Status: First Call		
State: TX			
Zip: 78681			
Attn: Bill's Glass & Screen			
Phone: (512) 255-3368			
Fax: (512) 255-6105			

Location		Reported/Issued by: D. Sme (SM)
Store Number: 0133		<i>D. Sme</i> 12-1-99 1:30 PM <i>installed</i>
Store Name: Pflugerville, Texas		
Address: 8511 1825 @ Wells Branch Plaz		
City: Pflugerville		
State: TX		
Zip: 75600		
Phone: (512) 990-0611		

Work Description

11/23/1999 15:52:43 (MARK) The store has a Colonge case that has a glass shelf that was broken and they need someone to go out to the store and fix this. I called Bill Glass & Screen and spoke with David and he said they will get a tech out to the store tomorrow morning. I gave him a NTE of \$300.00

PLEASE SEND THE FOLLOWING WITH YOUR INVOICE:

- 1) A COPY OF YOUR CERTIFICATE OF INSURANCE
- 2) A COPY OF THIS WORK ORDER
- 3) A COPY OF THE WORK ORDER WITH A STORE SIGNATURE

If you have any questions please call Mark at (713) 218-4465, or my fax number is (713) 218-4454. Thank You

13 ³/₄ x 34 ¹/₄ Clear sheive

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Statement

BGSR, Inc.
dba Bill's Glass & Screen
1003 S. Insustrial Blvd., Suite B
Round Rock, TX 78681
512/255-3598 fax 512/255-6105

DATE _____

6/6/2000

TO:

**Bealls
c/o Stage Stores, Inc.
P.O. Box 35668
Houston, TX 77235**

[illegible]